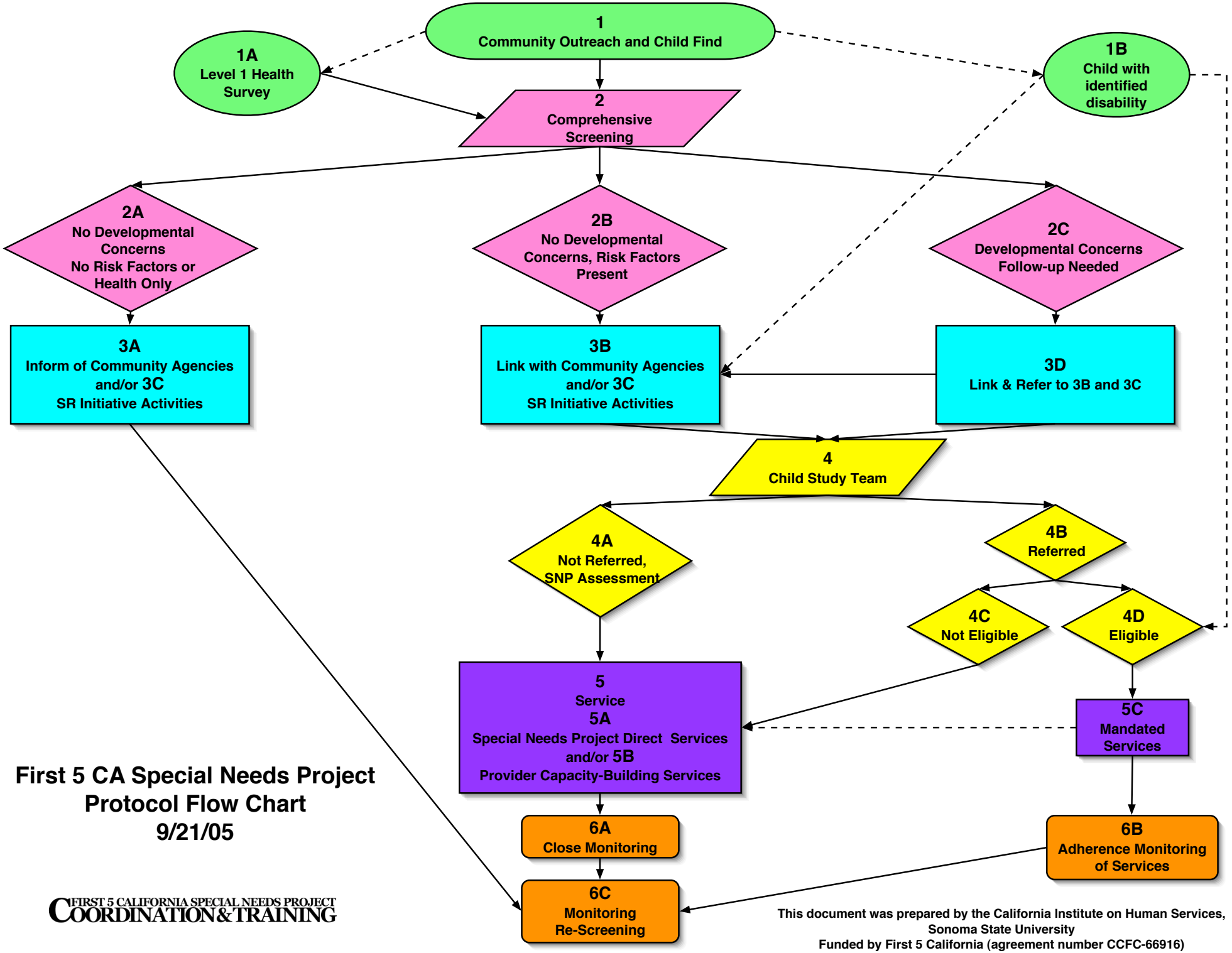

First 5 CA Special Needs Project Protocol Flow Chart 9/21/05

FIRST 5 CALIFORNIA SPECIAL NEEDS PROJECT
COORDINATION & TRAINING

This document was prepared by the California Institute on Human Services, Sonoma State University
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This narrative is designed to accompany the First 5 Special Needs Project Protocol Flow Chart. It is set-up to be copied (double-sided) on colored paper so that the steps match the colors on the First 5 SNP Protocol Flow Chart. Pp. 1-2 (White), Pp. 3-8 (Pink), Pp. 9-10 (Blue) Pp. 11-12 (Yellow), Pp. 13-16 (Lavender), P.17 (Orange).

First 5 SNP Screening and Service Protocol

I. Introduction and Background

First 5 programs promote optimal early childhood development and prepare children to be ready for school. As part of these efforts, First 5 Special Needs Project (SNP) Demonstration Sites are advancing the development of early childhood service delivery systems that (1) proactively identify infants, toddlers and preschool children with, or at-risk of, a special need, and (2) provide comprehensive, individualized services, in partnership with families.

The attached flow chart illustrates important steps in the process of early identification and linkage to services. The steps, as listed in "III. Screening and Service Protocol Flow Chart Narrative" on page 2, include outreach, screening, assessments, linking to services, services and supports, and ongoing monitoring. It is assumed that the School Readiness Initiative sites and First 5 SNP Demonstration Sites will partner with stakeholder agencies (for example schools, regional centers, county agencies, and so forth) to insure that each step is completed in a seamless manner. Moreover, it is assumed that the First 5 SNP Demonstration Sites will fill-in the gaps by providing outreach, screening, assessments, linkage supports, and services when they are not otherwise available.

II. Required Protocol for First 5 SNP Demonstration Sites

A. Selection of Tools

The tool and process combinations were selected to maximize the comprehensiveness of the screening process while supporting ease of use for providers and families. The tools cover three areas: general development, social/emotional development, and family relationships. Health screening will be accomplished through compliance with the recommendations of the California Child Health and Disability Prevention Program (CHDP). Health and developmental screenings may be administered separately or together if this works for the family and the agency. It is hoped that this combination will result in appropriate referrals, monitoring, and services for children through the First 5 SNP Demonstration Sites.

Sites may perform the screening themselves, collaborate with physicians, agencies, and other organizations in the community (with complete scores and results shared) and/or subcontract for screening. Additional screening tools may be used, if desired, by other agencies in the community; however, the basic protocol must be followed for all children in the catchment area. Training in the tools and protocol will be provided for each Demonstration Site Community through collaboration with the First 5 SNP Coordination and Training Contractor (CIHS-SSU).

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B. Periodicity

All sites will, at minimum, ensure administration of the protocol (every 6 months for children birth to 24 months; every 12 months for children above 24 months). Comprehensive health screenings may be done at the same time as the developmental screening described above or separately (within 6 months time before or after the developmental screening).

C. Developmental Screening Tools

i. General development will be screened using the **Ages & Stages Questionnaires (ASQ), second edition**. This instrument screens in multiple domains (gross motor, fine motor, communication, problem solving, and personal-social) and is available for many age groups.

ii. For a more in-depth screen of social-emotional issues, the corresponding **Ages & Stages Questionnaires Social-Emotional (ASQ-SE)** will be given with the ASQ.

iii. Adult/child relationships will receive additional attention through the use of the **Parenting Stress Index-Short Form (PSI-SF)**. PSI-SF questions will be offered with sensitivity to families during the screening process.

D. Health Screening

i. **Level 1 Survey** uses a parent report survey provided by the First 5 CA Special Needs Project.

ii. **Level 2 Screening** (comprehensive) is performed by qualified health professionals and includes the following elements meeting standards from the CHDP Manual: health/developmental history, physical exam, oral/dental health, nutritional health, immunizations, vision screening, and hearing screening.

Issues to Address at Your Site

While the *First 5 SNP Protocol Flow Chart* outlines a general process for what happens leading up to and after a screening, most of the steps needs to be operationalized and tailored for a particular community Many sites have begun to design their own plan for this work.

Boxed below each step are questions and recommendations that should support a knowledgeable group from each demonstration site as they individualize the *Protocol Flow Chart* for their site.

III. Screening and Service Protocol Narrative

As children are screened, it will be necessary to take action based on the results of the screening outcomes. The decisions will be made following the protocol outlined in the protocol flow chart. The steps listed match the steps on the protocol flow chart. Additionally, the information gathered through screening will help guide the training and services provided by the First 5 SNP Demonstration Sites, which will eventually inform the work of the entire county School Readiness Initiative & Family Support efforts.

Step 1: Community Outreach and Child Find

First 5 programs are integrated into communities of young children and families. The first task is to link children and families to screening opportunities so that **all** children living in the catchment area have universal access to screening.

Outreach strategies may encourage families to seek out screening offered in a variety of community settings (e.g., School Readiness sites, pediatrician's offices, etc.) and/or involve community providers bringing screenings to families (e.g., home-visits, child care sites).

All communities have "Child Find" efforts, required by the Individuals with Disabilities Education Act (IDEA) and overseen by the local school district, county office or other education provider. The local regional center may also support Child Find for children under age three. First 5 SNP Demonstration sites will want to coordinate their outreach efforts with the local Child Find to promote collaboration and avoid duplication.

Successful outreach efforts will likely need to overcome concrete barriers (e.g., limited transportation, unavailability during traditional working hours, language differences) and socio-cultural barriers (e.g., stigma, competing unmet needs, differing values and beliefs about early childhood development and special needs).

Issues to Address at Your Site

- What outreach strategies are being used right now in our demonstration site catchment area?
- Who is conducting the local "Child Find" in our area?
- What are barriers that we are aware of now?
- What will we do to overcome these barriers?

1A. Level 1 Health Survey

The Level 1 Health Survey may be used by some First 5 SNP Demonstration Sites still in the development phase with their health and medical partners. The Level 1 Health survey would be administered at the same time as the developmental tools. The Level 1 Survey for health covers the basic seven areas recommended by the American Academy of Pediatrics (AAP) and Child Health and Disability Prevention Program, (CHDP) as part of a comprehensive health screening (physical, general health, vision, hearing, nutrition history, immunization review, other factors influencing health such as infection, illness/injury, exposure, conditions). Any child not linked to a current medical home or with any concerns would be referred for health and medical follow-up as described in 3B in the flow chart. In addition, sites that use this survey would need to have plans in place for ensuring appropriate hearing and vision screening for the children with concerns in these areas.

Issues to Address at Your Site

- Decide if you will need to use the Level 1 Health Survey at your site.
- If you have personnel who are health or medical providers or if you have health providers as primary screening partners, it is recommended that you not use this step and conduct the Level 2 comprehensive health screening.

1B. Children already identified as having a disability

Successful outreach results in increased screening of children and families. Additionally, children with previously identified disabilities living in the catchment area should be offered the opportunity to enroll in the SNP and participate in school readiness initiative activities with appropriate support. Children receiving services through special education or early intervention are not required to participate in the ASQ general developmental screening; however they may be offered the ASQ-SE and/or PSI-SF and be supported by the SNP in these areas if there are concerns

Issues to Address at Your Site

- Work with the local regional center and school district to find children already receiving mandated services and living in your catchment area.
- The service providers can ask the family's permission to share their name and contact information with you.

Step 2: Comprehensive Screening and Potential Results

Early childhood developmental screenings are designed to identify children who fail to demonstrate indicators of age appropriate physical, cognitive, language, emotional or social development or who have been impacted by risk factors that have been found to obstruct optimal early childhood development.

Screening of children and families can lead to the following three results and corresponding actions. *(See chart on page 7 for a visual reference.)* In every situation the results of the screen and the implications need to be shared with the family.

Issues to Address at Your Site

- How will we ensure that an adequate number of people are trained to follow the protocol?
- Where are the screenings being conducted, and how is the screening process being structured (i.e., screening catchment areas, organizations, etc.)?
- Who will collect parental consent forms and AB 99 information?

2A. The screen indicates typical development and no risk factors leading to routine monitoring.

- ***ASQ****: All scores are above the cutoff, indicating the child does not currently have a problem. There are no parental concerns or the concerns can be immediately addressed by the screener.*
- ***ASQ-SE****: Score is below the cutoff, indicating that the child does not currently have a problem. There are no parental concerns or the concerns can be immediately addressed by the screener.*
- ***PSI-SF****: All scores are below cutoff, indicating that no risk factors are currently present.*
- ***Health****: No significant health factors requiring further assessment and treatment are indicated OR only a health concern is detected which is addressed by follow-up, assessment or referral.*

Issues to Address at Your Site

For each agency supporting the screening protocol answer the following:

- Who (person and agency) will be completing the developmental screening?
- Who (person and agency) will be completing the health screening?
- Are appropriate MOU's or agreements in place?
- How will the designated evaluation staff person (DES) obtain the screening results for data entry?

2B. The screen indicates typical development but the presence of risk factors (social/emotional, family stress or health) suggests follow-up and possible services and heightened monitoring of development. All of the possible combinations are listed on page 7.

A child is in this category if typical development is present yet there is concern in any one or more of the following:

- ***ASQ****: All scores are above the cutoff, indicating the child does not currently have a developmental problem yet there are parental concerns requiring follow-up.*
- ***ASQ-SE****: Score is at or above the cutoff, indicating that the child currently has a problem and there may or may not be parental concerns OR Score is below the cutoff, indicating that the child does not currently have a problem, yet there are parental concerns.*
- ***PSI-SF:*** *One or more scores are at or above the cutoff, indicating that risk factors are currently present.*
- ***Health****: One or more health concerns are present, requiring follow-up, further assessment, and/or treatment. A child with only health concerns is not a core participant unless the health issue impacts development or is a major risk factor.*

2C. The screen indicates the need for follow-up in development, with or without ongoing risk factors, leading to an assessment, services, and heightened monitoring.

A child is in this category if there is concern in the area of development. There may or may not be concerns in other areas.

- ***ASQ****: One or more scores are at or below the cutoff, indicating the child currently has a developmental concern. There may or may not be parental concerns.*
- *There may or may not be concerns in the* ***ASQ-SE, PSI-SF*** *or* ***Health*** *Screen. If there are concerns raised in any of these screenings, they should be discussed by the Child Study Team (See Step 4).*

Screening Outcome	ASQ	ASQ-SE	PSI-SF	Health
2.A. No Concerns	All scores are above cutoff No parental concerns*	Score is below cutoff No parental concerns*	All scores are below cutoff	No significant health problems indicated or ONLY a health concern is indicated**
2.B Risk Factors	All scores are above cutoff No parental concerns*	Score is below cutoff No parental concerns*	**One or more scores are at or above cutoff**	No significant health problems indicated
Any one or more area in bold may be present	All scores are above cutoff No parental concerns*	**Score is at or above cutoff and parental concerns may or may not be present**	All scores are below cutoff	No significant health problems indicated
A child may have multiple areas of concern	All scores are above cutoff No parental concerns*	**Score is below cutoff yet parental concerns requiring follow-up are present**	All scores are below cutoff	No significant health problems indicated
The key is that general development is not a major concern	**All scores are above cutoff yet parental concerns require follow-up**	Score is below cutoff No parental concerns*	All scores are below cutoff	No significant health problems indicated
	All scores are above cutoff No parental concerns*	Score is below cutoff No parental concerns*	All scores are below cutoff	**Health require follow-up, further assessment, and/or treatment and impact development**
2C. Concerns About Development	**One or more scores are at or below cutoff Parental concerns may or may not be indicated.**	Score is at, above or below cutoff and/or parental concerns may or may not be present	One or more scores may be at or above cutoff or all may be below cutoff	Significant health problems may or may not be indicated

** Or concerns are indicated that can be immediately addressed by the screener. ** Health concern is referred to appropriate provider.*

Step 3: Community Agencies and School Readiness Initiative Activities

Based on the results of the screening:

3A. Inform of Community Agencies: All children and families screened with no concerns and no risk factors will be informed of other agencies in the community including, if appropriate, School Readiness Initiative activities. If a child has a health concern only, the screener can assist the family in follow-up and connection to needed assessments or services.

Issues to Address at Your Site

- Determine which community services will be shared and create or obtain a method of sharing with screeners and families (e.g., handout, pamphlet).
- Determine which School Readiness Initiative activities will be shared and create or obtain a method of sharing with screeners and families (e.g., handout, pamphlet).

3B. Link with Community Agencies: Children and families with no developmental concerns on the ASQ, but risk factors present (on the ASQ:SE, PSI-SF, or ASQ open-ended questions) will be considered a Special Needs Core Participant and be included in School Readiness Initiative programs. A child and the family would receive follow-up and/or referral and linkage to community agencies when a screening indicated risk factors even though development, on the ASQ did not fall below the cut off. It is incumbent upon the service provider to assist the family in actually accessing needed services. This requires explaining the results of the screening, selecting service provider(s), and overcoming both concrete and socio-cultural barriers. Depending on the skills of the screener, the follow-up may be immediate or the follow-up may be done after discussion in the First 5 SNP Demonstration Site Child Study Team *(see Step 4)*. Community services may meet immediate (e.g., homelessness or an untreated illness) or ongoing (e.g., unemployed and seeking work). In addition, the child and family would be offered periodic re-screening to monitor changes in early childhood development and risk factors *(see Step 6)*. Periodic screening would be offered at a heightened frequency (for example every 4 months for children under one year). Community services include existing programs such as WIC, Healthy Start, child care resource & referral agency, library story time, etc.

Issues to Address at Your Site

- Will the Child Study Team or screener be responsible for determining in each case which community services will be appropriate for the child based on a risk factor profile?
- How will these practitioners be kept up to date with what resources exist, their eligibility criteria, etc.?

3C. School Readiness Initiative Activities: Children and families with no developmental concerns on the ASQ, but risk factors present (on the ASQ:SE, PSI-SF, ASQ open-ended questions, or health concerns influencing development) will be considered a Special Needs Core Participant and be included in School Readiness Initiative programs and activities. School Readiness Initiative resources, particularly for children with risk factors or those who are not eligible for mandated services, would be provided. Additional family support and education groups might be started by the School Readiness Initiative Program to meet the needs of children with risk factors present.

Issues to Address at Your Site

- Will the Child Study Team or screener be responsible for determining in each case which School Readiness Initiative services will be appropriate for the child based on a risk factor profile?
- How will needed School Readiness Initiative services be added?

3D. Link and Refer to Community and School Readiness Activities: A child and his or her family would be considered for further assessment and linked to services when a screening indicated a need for further assessment (2c), with or without risk factors. It is incumbent upon the service provider to assist the family in actually obtaining an assessment and accessing needed services *(See step 4)*. This requires explaining the results of the screening, selecting an assessment/service provider, and overcoming both concrete and socio-cultural barriers. Depending on the skills of the screener, the follow-up may be immediate or the follow-up may be done after discussion in the First 5 SNP Demonstration Site Child Study Team *(see Step 4)*. In addition to obtaining as assessment, a child and family would be referred to community services and supports (formal and informal) to meet any and all risk factor needs that were identified during the screening process. These needs may be immediate (e.g., homelessness or an untreated illness) or ongoing (e.g., unemployed and seeking work).

Issues to Address at Your Site

Will the Child Study Team, screener or other party be responsible for prioritizing the order of linkage and referral for children with multiple concerns?

Step 4: Child Study Team

Children with risk factors/concerns and children with developmental concerns will receive follow-up through a First 5 SNP Demonstration Site Child Study Team (or equivalent). This team would include First 5 SNP Demonstration Site staff with child development and mental/behavioral health expertise along with the appropriate community partners (regional center/early intervention, mental health, special education) or experience and criteria from those partners to determine the most appropriate next steps. This Child Study Team might recommend an assessment by the First 5 SNP Demonstration Site staff. Two options *(4A & 4B)* exist following consultation with the Child Study Team.

Issues to Address at Your Site

- Each First 5 SNP will need to identify a Child Study Team made up of individuals who can make appropriate recommendations based on screening information. Who will determine whether, for example, a mental health referral vs. a developmental referral is warranted? There should be a minimum of two individuals from different disciplines or backgrounds on a team, the minimum being a child development member and a mental health member. Since the interpretation of the PSI-SF will require a person with a behavioral health/mental health background, it is recommended that this person be part of the Child Study Team.

(continued in the next column)

Issues to Address at Your Site (continued)

- Determine how often the Child Study Team will meet, how they will communicate with the screeners and what kind of training or technical assistance might be needed for them.
- Determine what types of assessments might be done by First 5 SNP staff or partners (child development assessment, speech and language assessment, mental health assessment). Do not include assessments for mandated services.
- Once the Child Study Team has made recommendations, who will communicate with parents? It may also be appropriate to include the parents in Child Study Team discussions.

4A. Not Referred (to a mandated program): A child may not be referred for assessment through a mandated program such as IDEA or Mental Health. However, the child might receive an assessment through the First 5 SNP Demonstration Site and would most likely receive support and services as described in Step 3 B, C, and D and Step 5.

Issues to Address at Your Site

When a child is not referred for outside assessment, begin to consider and document criteria for First 5 SNP social-emotional or developmental assessments or service recommendations.

4B. Referred (to a mandated program): A child may be referred for assessment under a specific entitlement or mandated program. In this situation, the child and family would be referred and linked to needed agencies (as described in *3B* above). An assessment is designed to verify a developmental delay and document risk factors. The assessment must focus on all relevant areas as indicated by the screening process. Moreover, assessments need to be valid and appropriate for use with children and families of diverse ethnicities and across languages. An assessment may lead to (1) a diagnosis (e.g., autism), (2) establishment of eligibility for services (e.g., IDEA part B or C), and/or (3) assist with service/care planning.

Issues to Address at Your Site

Work with your local regional center, school district, and mental health agency to determine what constitutes an appropriate referral to those agencies for assessment.

Two options (4C & 4D) exist following an assessment:

4C. Not Eligible (for a mandated program): A child may be determined not eligible for specialized services under a specific entitlement or mandated program. In this situation the child and family would be referred and linked to needed services (as described in *3B* above). The child and family may also be provided First 5 SNP direct services (formerly called pre-referral intervention) and/or other provider capacity building support services to increase their success in community and School Readiness Initiative activities as described in Step 5.

Issues to Address at Your Site

When an outside assessment is completed and the child is "not eligible", request recommendations for addressing the child's needs be shared and use this information for the First 5 SNP Services.

4D. Eligible (for a mandated program): A child may be determined eligible for services under a specific entitlement or mandated program (e.g., IDEA part B and C, or EPSDT Medi-Cal). The child and family would then be referred and linked to the appropriate provider for services. In some cases, the eligibility will be for specialized services provided by a qualified professional at the SNP Demonstration Site, particularly in the area of social-emotional health and behavior issues. In addition, the child and family would be linked to any needed services not provided under the program for which the child is eligible, and would be offered periodic re-screening of risk factors through the PSI-SF or the ASQ-SE at a heightened frequency if desired or appropriate.

Issues to Address at Your Site

When an outside assessment is completed and the child is "eligible" have the proper consents for sharing information signed in order to receive a copy of the IFSP, IEP or treatment plan. (*Use in 5A*).

Step 5: Services

5A. Special Needs Project Direct Services: First 5 SNP Core Participants (children with risk factors, children assessed and not found eligible for mandated services, or children receiving mandated services) will receive additional direct services (formerly called pre-referral intervention) or other provider capacity services to increase their success in community and School Readiness Initiative activities. It is anticipated that some children determined to need developmental follow-up or further assessment from other service providers will also benefit from immediate adjustments and short-term interventions with their family and existing early care and education providers.

Some services may be provided directly by the First 5 SNP Demonstration Sites, particularly for children with social-emotional and behavioral issues or mild language delays. Direct services may be provided by First 5 SNP staff or the preschool teacher, child care provider or other community member who works directly with the child and/or family under the direction of First 5 SNP Demonstration Site staff or community partners with expertise in early intervention, special education, behavioral health, or other relevant training. Direct services will be used as needed for children in School Readiness Initiative programs and community settings to ensure appropriate inclusive practice. When a child is receiving mandated services from other agencies, the direct services may be provided or overseen by that agency. It is important that the SNP not supplant mandated services. Each First 5 SNP Demonstration Site will work with partner agencies to ensure coordination and minimize duplication.

Direct services may include:

- Training and information of a specific nature such as:
  - Techniques for adapting curriculum, materials and/or the environment to maximize participation and learning
  - Appropriate positioning and handling techniques for a child with physical disabilities
- Additional personnel to decrease ratios and support a child with specific needs in a community setting
- Early childhood mental health consultation
- Multi-disciplinary team (including family members) design of interventions being used for a specific child
- Guidance in implementation of specific strategies or techniques such as:
  - Social skills training or other social emotional curriculum
  - Positive behavior plan
  - Differentiated instruction
- Specific services such as:
  - Short-term family therapy
  - Individual child coaching
  - Speech and language therapy

5B. Special Needs Project Provider Capacity Building Services: These services can be provided to the preschool teacher, child care provider or other community member who works with the child and family. These capacity building services can begin while making a referral to another agency since there is often a delay in receiving services. Also, some children will benefit from focused attention and strategies and will not need further referral.

Provider Capacity Building Services may include:

- Training and information of a general nature such as:
  - Information on child development and developmentally appropriate practice strategies for children with increased vulnerabilities and risk factors.
  - Trainings for preschool teachers, childcare providers and others concerning strategies for handling disruptive or difficult behavior.
  - Trainings for parents and family members on how they can best support and reinforce their children's positive behaviors at home.
- Multi-disciplinary team (including family members) review of interventions being used for children.
  - How to implement and evaluate evidence-based interventions and strategies.
  - Selecting specific short-term interventions for children.
  - Identifying specific issues and trying out selected strategies based on the team recommendation.
- Coaching for parents, teachers, providers, etc. concerning how to support a child's healthy development and behavior.
- Educating early childhood professionals distinguishing environmental influences from special needs (such as the difference between a speech delay caused by a disability or other special need and a speech delay as a result of a child's dual language acquisition process).
- Other factors unique to the catchment area.

Issues to Address at Your Site

- Each site should anticipate and have in place personnel or partners who can provide direct services as well as provider capacity building services for children with
  - Family risk factors
  - Mild developmental delays
  - Social-emotional problems, including challenging behavior
  - Mild delays in language development
  - Identified disabilities involved in community programs

5C. Mandated Services: Mandated services will vary widely based on the individual needs of the child, the services provided under the mandate (IDEA, Mental Health, etc.) and what is desired and acceptable to the family. In most cases, mandated services will be recorded on a plan. For children under age three, early intervention services are documented on an individualized family service plan (IFSP). For children over age three, special education services are documented on an individualized education program (IEP). These plans, and the services recorded on them, will be important to the First 5 SNP Demonstration Sites. Children who receive such services are considered Core Participants for evaluation purposes and the services will be recorded in PEDS. This will require interagency collaboration, appropriate parental consent and clear understanding of terms used in IEPs or IFSPs.

Issues to Address at Your Site

- The Designated Evaluation Staff person will document the mandated services listed on the plans (*see 4D*). If this person is not familiar with IFSP's, IEP's and mental health treatment plans, determine who will provide assistance.
- Be sure that appropriate consent for exchange of information forms and/or MOU's are in place.

Step 6: Monitoring

6A. Close Monitoring: Children who have shown developmental concern on the screening protocol, yet who were not found eligible for specialized services, will continue to receive prevention services (as described in *3D*) and should be closely monitored. They may receive more frequent re-screening.

Issues to Address at Your Site

- If a child is recommended for close monitoring, provide the schedule to the Designated Evaluation Staff so that the data system can support the scheduling of the re-screening.
- If the child is enrolled in a child care or preschool program, it might be possible to coordinate the monitoring and screening with the program.
- The Child Study Team might recommend re-screening in only a portion of the protocol (e.g., the ASQ may be given at increased frequency, but the ASQ-SE, PSI-SF and health screen would occur at the regular periodicity).

6B. Adherence Monitoring of Services: Service delivery will be monitored. Families have reported that some services listed on plans such as IEPs or IFSPs are either not delivered at all or not delivered as stated in the plan. It is the intent of the First 5 Special Needs Project to use the documentation system of PEDS to check in with families about the adherence to the service plan.

Issues to Address at Your Site

Determine how often the Designated Evaluation Staff should run reports on upcoming re-screenings needed.

6C. Monitoring and Re-Screening: A child and the family would be offered periodic re-screening at a routine frequency when a previous screening indicated typical development and no risk factors. For children with health only concerns, this would be a time to monitor the status of the health concern and see if the family received appropriate follow-up. Early childhood development is dynamic and can be influenced by a myriad of changing factors. Therefore, periodic re-screening to monitor changes in early childhood development and risk factors is prudent. Periodic screening would be offered at a routine frequency (periodicity is every 6 months for a child under age two years, every 12 months for children over two years).